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## \*Unnecessary Surgery

Gerald Kelly, S.J.

*1. Will you kindly tell us whether it is morally wrong — and if so, why it is wrong — for a doctor to remove a healthy appendix, healthy tonsils, or a healthy gall bladder merely because a person asks for one of these operations. 2. Also, is it permissible to do a cesarean section merely because the mother does not want to go through the inconvenience of normal labor?*

I WISH I could say that these questions are only the result of speculative classroom discussion, but that is not the case. They are practical problems that have been presented in some places even by members of the medical profession, who seem to think that a person may do what he wants with his body: hence, if he wants an operation, that is his business. It is good to note that this attitude is certainly not common, for it indicates not only hazy moral principles, but also inferior professional standards. The generality of doctors realize that surgical operations are justifiable only within certain limits; and they are professionally conscious of the fact that the judgment concerning the need or advisability of such operations rests with them, not with their patients. They are professional men with personal responsibility, not the hired employees of their patients.

Nevertheless, though the doctor is not the employee of the patient, he does *act for* the patient when he performs an operation. By this I mean that it is the patient who has the right, under certain circumstances, to mutilate himself; and when he submits to a surgical operation he exercises this personal right through the doctor. The doctor may operate only with the consent, at least reasonably presumed, of the patient or his qualified guardian; and he may perform only such operations as fall within the rights of his patient. If the patient is not morally justified in having an operation, the doctor is not morally justified in performing it.

It behooves us, therefore, to determine clearly just what right an individual has over his own body. Speaking of this right, theologians describe it as one of reasonable administration, but not

of absolute ownership. Translated into terms of surgical operations, this principle of "reasonable administration" means that such operations are permissible for *proportionate* reasons that concern the preservation or restoration of physical well-being. On the basis of this principle of reasonable administration we can permit such things as the removal of diseased organs, or even of technically healthy organs when this is necessary for the suppression or prevention of a threat to life or health. Under reasonable administration, too, we might class plastic or other surgery which is directed to the removal of abnormalities. But in all these cases there must be a *due proportion* between the good to be accomplished by the operation and the damage or risk involved in it.

### First Question

Over the years during which I have conducted this column I have touched on various aspects of justifiable and unjustifiable mutilation. Of special pertinence to the operations mentioned in the first of the present questions, is an article entitled "Incidental Appendectomy," which appeared in *Hospital Progress*, November, 1948, pp. 393 ff., and which is now reprinted in *Medico-Moral Problems I*, 35-39. The article contains a much more complete analysis of the principle of reasonable administration than I have given here, and applications of this principle to operations for the removal of an apparently healthy appendix or healthy tonsils. Regarding these operations, let me briefly review here the conclusions reached in that article.

1. An apparently healthy appendix may be removed when the abdomen is open for some other operation and when the appendectomy can be performed without adding undue risk for the patient. In this case the principle of due proportion is observed, because the patient has much to gain and little to lose by the appendectomy. The revised hospital code explicitly permits this operation at the discretion of the physician." (Cf. *Ethical and Religious Directives for Catholic Hospitals*, p. 7.)

2. On the other hand, a complete appendectomy (including the opening of the abdomen for the specific purpose of removing the appendix) is not usually justified in the absence of medical indications for the operation. In this case the patient exposes himself to



the risk inherent in abdominal surgery, as well as to possible serious consequences (e.g. adhesions, obstructions in later life), when he has a good chance of avoiding these dangers entirely. It may be true that in present-day surgery the risk is minimal, but there is always some and there is always the latent danger of post-operative complications. Moreover, in the usual circumstances of modern civilization, a person who needs an appendectomy can get it with comparative ease and with sound assurance of a successful outcome. Hence, to submit to the operation in the absence of medical indications is to violate the principle of due proportion: the patient has much more to lose than he has to gain.

3. As for the removal of healthy tonsils, I pointed out in my former article that this too violates the principles of due proportion. Any danger that might be involved in the possession of the tonsils can be sufficiently counteracted by the removal of the tonsils when symptoms of disease make their appearance.

4. In my former article on appendectomy I referred to an *unusual* case discussed by Father Francis J. Connell, C.S.S.R. This case concerned a missionary who was going to a place where expert surgical aid would not be available and where, as a consequence, an attack of acute appendicitis might mean a fatality. Father Connell is of the opinion that the special circumstances of this case would justify a purely preventive appendectomy before the missionary leaves civilization. I agree with his analysis. Both of us, however, would admit that there might be legitimate debate over the question, and we would not propose our opinion as more than probable. Incidentally, I might mention here that several eminent physicians, with whom I discussed all the material pertaining to this article and who say that my conclusions represent sound medicine as well as sound morality (as is generally the case), also suggested that some allowance might reasonably be made for the emergent nature of appendicitis when a person is going into circumstances in which proper surgical care would be lacking.

The reasons for permitting an appendectomy in the conditions described above (nn. 1 and 4), are the relatively slight value of the organ itself and the genuine statistical probability that an appendectomy may be needed in later life. Neither of these reasons is valid with reference to the removal of a healthy gall bladder. It is an organ with a definite function and, though obviously not

indispensable, it is important in the total economy of bodily integrity. Moreover, the probable need of an operation, and especially of an emergency operation, in later life is comparatively slight. The reasonable care of the body, therefore, demands that cholecystectomy be allowed only when medical indications call for it.

### Cesarean Section

Cesarean section involves not merely the principle of reasonable administration of the mother's own body, but also her natural duty to make reasonable provision for the safety of her child. As far as I can gather, both from reading obstetrical literature and from consulting competent obstetricians, cesarean section does not yet approach the safety, for either mother or child, of normal vaginal delivery.

Besides the risk inherent in the operation itself, cesarean section brings on other unfavorable consequences. It leaves a scar on the uterus which decreases the normal physiological power of the uterus to safely carry future pregnancies to term. According to many obstetricians, it means that all future deliveries must be by cesarean section; and according to all, it increases the probability that future cesareans will be necessary. It often produces troublesome adhesions in the peritoneal cavity, and it creates a danger of rupture of the uterus in subsequent pregnancy. And because of these various consequences, it frequently induces vexing moral problems concerning sterilization.

The foregoing considerations make it obvious that the mother's desire to avoid the inconvenience of vaginal delivery is not a proportionate reason for cesarean section. According to sound obstetrics, cesarean section is permitted only in the presence of definite indications that in a given case it would be safer for the mother and/or the child than would vaginal delivery. Sound morality concurs in this rule.

### Conclusions

On the basis of the explanations given in this article and the article on incidental appendectomy, I would give these brief answers to the questions proposed:



1. It is not permissible to remove a healthy appendix, healthy tonsils, or a healthy gall bladder merely because a person asks for one of these operations. The principle of reasonable administration of the body allows for the excision of healthy organs only when special circumstances constitute a proportionate reason for the operation.

As for appendectomy, the required special circumstances are present when the abdomen is open for another reason and the appendix can be removed without undue increase of risk. There is also sound probability for allowing an appendectomy in conditions equivalent or similar to the case of the missionary who will spend his life in a place where appendicitis would prove a fatality.

Except for such special reasons as I have just indicated, appendectomy, tonsillectomy, and cholecystectomy are morally justified only for medical indications.

2. Cesarean section is major surgery which usually entails greater risk than vaginal delivery for both mother and child, and which is accompanied and followed by other unfavorable factors. It is permissible, therefore, only for sound medical reasons. The mere desire of the mother to avoid the inconvenience of normal delivery does not constitute such a reason.

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As a postscript to what I have written, I should like to add that unnecessary surgery can undermine some of the insurance programs that are now great benefits to the sick. This is an extrinsic, but by no means negligible, reason for taking a firm stand against unnecessary operations.

\* This article was published in *Hospital Progress*, June, 1951. It is reprinted here at the suggestion of some doctors who thought that physicians would like to see it and that they would be more apt to see it if it were published in LINACRE QUARTERLY.